SCHEDULE E)						PAGE 1 FOR SE OF	OF 5 FORM 24/48
NAME OF COMMITTE					FEC II	DENTIFICATION	ON NUMBER ▼
American Hospital Association PAC						C00106146	
Check If 24-hour re	eport X 48-hour report	New	report Amends repo	ort filed on	M = M	/ D D /	Y Y Y Y Y
	rst, Middle Initial) of Payee lia Services, Inc.			Dat	е	/ D D /	Y   Y   Y   Y
Mailing Address 600 Fairmount Avenue					09	26	2012
S	uite 306			Am	ount		
City		State	Zip Code				470000 00
Towson		MD	21286	Tran	saction IF	D : 20364977	179800.00
Purpose of Expend Television Advertisi			Category/ Type 004	Office So		House Senate	State: LA District: 03
Name of Federal C	andidate Supported or Oppose	ed by Expendit	ure:			President	
Rep. Charles W. Bo	oustany Jr.			Check Or	ne:	Support	Oppose
Calendar Yea	r-To-Date Per Election for Office Sought		191337.61	Disbursen 2012	nent For: Other (sp	Primary ecify)	General
	rst, Middle Initial) of Payee Inings Media, Inc.			Dat	e 09	/ 26	2012
Mailing Address 18	350 M Street, NW						
S	uite 235			Am	ount		
City Washington		State DC	Zip Code 20036	Tran	saction II	D : 20364999	11537.61
Purpose of Expend Television Production	iture on		Category/ Type 004	Office So		House Senate	State: LA District: 03
Name of Federal C Rep. Charles W. Bo	andidate Supported or Oppose oustany Jr.	ed by Expendit	ure:	Check Or	ne:	President Support	Oppose
Calendar Yea	ar-To-Date Per Election for Office Sought		191337.61	Disbursen 2012	nent For: Other (sp	Primary pecify)	General
(a) SUBTOTAL of It	emized Independent Expenditu	ıres					191337.61
(b) SUBTOTAL of U	Initemized Independent Expendent	ditures				7	
(c) TOTAL Independ	dent Expenditures			•		7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Mela	inda Hatton	[Elect	ronically Filed] Date	09	/ 28	/ Y Y 201	2

SCHEDULE E)	PAGE 2 OF 5 FOR SE OF FORM 24/48				
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼				
American Hospital Association PAC	C C00106146				
Check If 24-hour report	M / D D / Y B Y B Y				
Full Name (Last, First, Middle Initial) of Payee Mentzer Media Services, Inc.	M / D D / Y Y Y Y				
Mailing Address 600 Fairmount Avenue	09 26 2012				
Suite 306 Amoun	t				
City State Zip Code	245800.00				
Towson MD 21286	tion ID : 20368031				
Purpose of Expenditure Television Advertising  Category/ Type  Office Sough	t: House State: NY Senate District: 22				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
Rep. Richard Hanna Check One:	Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Oth	t For: Primary General ner (specify)				
	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 1850 M Street, NW Suite 235 Amoun	t				
City State Zip Code					
Washington DC 20036	11290.87				
Purpose of Expenditure Television Production  Category/ Type  Office Sough	t: Senate District: 22				
Name of Federal Candidate Supported or Opposed by Expenditure:	President				
Rep. Richard Hanna Check One:	Support Oppose				
Calendar Year-To-Date Per Election for Office Sought Disbursement 2012 Oth	t For: Primary General ner (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	257090.87				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Melinda Hatton  [Electronically Filed] Date 09	28 / 2012				

SCHEDULE E)	PAGE 3 OF 5 FOR SE OF FORM 24/48			
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼			
American Hospital Association PAC	C C00106146			
Check If 24-hour report X 48-hour report New report Amends report	ort filed on			
Full Name (Last, First, Middle Initial) of Payee  Mentzer Media Services, Inc.	Date			
Monte of Modice Convictor, Inc.	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 600 Fairmount Avenue	09 27 2012			
Suite 306	Amount			
City State Zip Code	100600.00			
Towson MD 21286	Transaction ID : 20367913			
Purpose of Expenditure Television Advertising  Category/ Type 004	Office Sought: House State: WA Senate District: 05			
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———			
Rep. Cathy McMorris Rodgers	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General  2012 Other (specify)			
Full Name (Last, First, Middle Initial) of Payee McCarthy Hennings Media, Inc.	Date 09 / 27 / 2012			
Mailing Address 1850 M Street, NW	09 27 2012			
Suite 235	Amount			
City State Zip Code Washington DC 20036	11451.15			
Purpose of Expenditure Television Production  Category/ Type 004	Office Sought: House State: WA Senate District: 05			
Name of Federal Candidate Supported or Opposed by Expenditure:	President			
Rep. Cathy McMorris Rodgers	Check One: Support Oppose			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	> 112051.15			
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •			
(c) TOTAL Independent Expenditures	. •			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Melinda Hatton  [Electronically Filed] Date	e 09 28 2012			
orginature				

SCHEDULE E)	PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Hospital Association PAC	C C00106146
Check If 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Multi Media Services Corporation	M M / D D / Y Y Y Y
Mailing Address 915 King Street  Amou	09 28 2012 unt
City State Zip Code	
Alexandria VA 22314	184000.00 action ID : 20367953
Purpose of Expenditure TV Advertising and Production - Estimate  Category/ Type  Office Soug	ght: House State: PA Senate District: 06
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 00
Rep. James W. Gerlach  Check One	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Disburseme 2012	ent For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee Date	
Mentzer Media Services, Inc.	M
Mailing Address 600 Fairmount Avenue	
Suite 306	unt
City State Zip Code Towson MD 21286	211960.00
Purpose of Expenditure Television Advertising  Category/ Type  Office Souç	Senate Service
	President District: 23
Name of Federal Candidate Supported or Opposed by Expenditure:  Rep. Tom Reed  Check One	e: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 223928.78 Disburseme	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	395960.00
(b) CURTOTAL of Heiberiand Indianation Franchisms	
(b) SUBTOTAL of Unitemized Independent Expenditures	1-7-11-7-11-7-1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Melinda Hatton [Electronically Filed] Date 09	28 / 2012
Signature	

SCHEDULE E)	PAGE 5 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Hospital Association PAC	C C00106146
Check If 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
McCarthy Hennings Media, Inc.	Date    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
Mailing Address 1850 M Street, NW	20 2012
Suite 233	Amount
City State Zip Code	11968.78
Washington DC 20036	ransaction ID : 20368114
Purpose of Expenditure Television Production  Category/ Type  Office	Sought: House State: NY Senate District: 23
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Rep. Tom Reed Check	COne: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 223928.78 Disbu	rsement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	W - W / U - U / Y - Y - Y - Y
	Amount
City State Zip Code	7 7 7
Purpose of Expenditure  Category/ Type  Office	Sought: House State:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
Check	k One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	orsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	11968.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	968408.41
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Ms. Melinda Hatton [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	